

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)	Charge Family Size			Liability Period	Frequency of Charges
	1 or 2	3 or 5	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)
\$150 or less					
151 – 200					
201 – 250					
251 – 300			N/A		
301 – 350					
351 – 400					
401 – 450					
451 – 500					
501 – 550					
551 – 600					
601 – 650					
651 – 700					
701 – 750					
751 – 800					
801 – 850					
851 – 900					
901 – 950					
951 – 1000					
More than \$1000					

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MEDICALLY NEEDY ENROLLMENT FEES, PREMIUMS (cont.)

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

☐ Non-payment does not affect eligibility

☐ Effect is as described below:

N/A